## REPORT OF LOSS OR DAMAGE TO STATE- OWNED AUTOMOBILE (COMPREHENSIVE)

## STATE OF CONNECTICUT OFFICE OF THE STATE COMPTROLLER

DATE OF LOSS
DATE COMPTROLLER NOTIFIED

CO-854 REV. 4/2006
INSTRUCTIONS:

- 1. USE THIS FORM TO REPORT ALL LOSSES OR DAMAGES TO STATE-OWNED AUTOMOBILE DUE TO FIRE, THEFT, VANDALISM, AND/OR GLASS BREAKAGE OF ALL TYPES.
- 2. PREPARE IN DUPLICATE. FORWARD ORIGINAL COPY TO THE OFFICE OF THE STATE COMPTROLLER, FISCAL POLICY DIVISION. FAX ONE COPY TO STATE INSURANCE AND RISK MANAGEMENT BOARD, AT (860) 702-3424. RETAIN ONE COPY FOR YOUR FILE.

TO: FISCAL POLICY DIVISION, 55 ELI	M STREET, HARTFORD CT 06106-1775		
AGENCY NAME AND ADDRESS			
LOCATION OF AUTOMOBILE AT TIME OF	LOSS		
NAME AND TELEPHONE NUMBER OF INC	DIVIDUAL TO BE CONTACTED RELATIVE TO LOSS		
INDICATE THE NATURE OF THE DAMAGE			
GLASS BREAKAGE	FIRE DAMAGE THEFT	VANDALISM	OTHER - SPECIFY
	MAKE MODEL AND YEAR OF AUTOMOBILE		
	MAKE MODEL AND TEAK OF AUTOMODILE		
VEHICLE	REGISTRATION NUMBER		
OR	EQUIPMENT NUMBER		
J.	IDENTIFICATION NUMBER		
EQUIPMENT			
	INVOICE NUMBER		
DATA	ESTIMATED COST		
CIRCUMSTANCES - BRIEF DESCRIP	PTION		
AUTHORIZED SIGNATURE		Грате	
AUTHORIZED SIGNATURE		DATE	